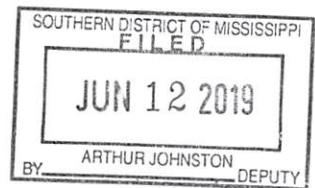


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT



Smith

(Last Name) (Identification Number)

Torrey

(First Name) (Middle Name)

(Institution)

3527 Ridgecrest Dr. Gren ms 39212

(Address)

(Enter above the full name of the plaintiff, prisoner and address
of plaintiff in this action)

V.

CIVIL ACTION NUMBER:

3:19cv406 HTW-LRA

(to be completed by the Court)

Clinton Police Department

Madison County Jail

Warren County Jail Et Al.

Hinds County Jail Et Al

(Enter the full name of the defendant(s) in this action)

Unknown officers

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
Yes No
- B. Are you presently incarcerated?
Yes No
- C. At the time of the incident complained of in this complaint, were you incarcerated because
you had been convicted of a crime?
Yes No
- D. Are you presently incarcerated for a parole or probation violation?
Yes No
- E. At the time of the incident complained of in this complaint, were you an inmate of the
Mississippi Department of Corrections (MDOC)?
Yes No
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
Yes No

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Torzy C. Smith Prisoner Number: _____

Address: 3527 Ridgecrest Dr Tun ms 39212

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Clinton Police Department is employed as City Work
at Clinton Police Department

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Torzy C. Smith ADDRESS: 3527 Ridgecrest Dr Tun ms 39212

DEFENDANT(S):

NAME: Clinton Police Department ADDRESS: 305 Monroe St Clinton ms 39056

2941 S Liberty St Clinton ms 39046

NAME: Madison County Sheriff's Dept ADDRESS: 1000 Grove St Vicksburg ms 39183

NAME: Warren County Jail ADDRESS: 207 E Paragonia St Tun ms 39205

NAME: Hinds County Sheriff ADDRESS: F/A!

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: VnBwoor

2. Court (if federal court, name the district; if state court, name the county): Southern District

3. Docket Number: n/14

4. Name of judge to whom case was assigned: n/14

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)

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CASE NUMBER 2.

1. Parties to the action:

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?)

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STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

I WAS Booked At The Clinton Police Department on About MAY 30 2019 I WAS DENIED MEDICAL TREATMENT
Thrown In A Jail, I WAS DENIED ANY TOILET PAPER, Phone calls, WAS NOT GIVING MY MEDICATION I WAS PROVIDED
COLD FOOD, I WAS THEN TAKEN TO THE HILLS COUNTY JAIL Booked In On About 5/30/2019 I WAS PLACED IN CELL B-1 WHERE I WAS
PLACED INTO A AREA WITHOUT LIGHTS, RADS, SMOKE, THEN LATER REMOVED TO A CELL WITHIN BOOKING PLACED WITHOUT
BEING ABLE TO USE PHONE, BATHROOM AND WAS DENIED MEDICATIONS THEN LATER WAS FORCED TO CUT
MY HAIR TAKEN TO MEDICAL CELL WHERE I WASN'T ALLOWED TO HAVE THE ACCESS OF OTHERS
WAS TRANSFERRED TO WARREN COUNTY JAIL AND WAS PLACED INSIDE OF DUNKIN YAKS WITHOUT THE NEED
OF OTHERS IT WAS STATED BECAUSE OF MY SEXUALITY THIS WHERE I'LL BE LATER TAKEN
TO MADISON COUNTY JAIL WHERE I WAS TAKEN TO A VISITATION ROOM COLD NOT ALLOWED TO USE
THE RESTROOM FOR 1 HOUR/HALF WAS FORCED TO SLEEP ON FLOOR, THE TAKEN TO A ATTORNEY
ROOM LEFT THERE FOR HOUR TAKEN TO MEDICAL CELL LIGHTS ON 24 HOURS COULDNT USE
PHONE AND WAS TREATED BADLY

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or
statutes.

Monetary, 250,000 legal fees, PUNITIVE, damages, COMPENSATORY Damages, ongoing medical
Treatment And more To Come,

Signed this 12 day of JUNE, 20 19.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true
and correct.

TOMMY C. SMITH
Signature of plaintiff